Rheumatism

No 34 #2

A Thesis

On Rheumatism.

By Joseph K Swift of Penna

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In proposing myself a candidate for a Medical Degree, I have selected Rheumatism as the subject of my Thesis. That I should advance any new ideas upon it, can scarcely be expected, after it has already been treated of by so many eminent Physicians; I therefore assert no pretensions to originality, but have merely endeavoured to make as judicious a selection from the writings of others as my abilities would allow. —

Rheumatism has been arranged by Dr Cullen in his Class of Pyrexia, and Order of Phlegmasia. —
It is divided into two distinct species, viz. the Acute and Chronic. It is the acute Rheumatism only which can, with propriety, be said to belong to the Phlegmasiæ, for we discover little, or no inflammatory action in the Chronic stage. —
I shall commence with the consideration of the Acute Rheumatism. It is one of the most common diseases in all climates where a great

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vicissitude of weather occurs, but in those of an uniform temperature, whether warm or cold, it is more rarely found: In this country, we generally observe the greatest number of cases during the autumnal and vernal months; but we see it prevailing, under similar circumstances, at every season of the year.—

From the resemblance of their symptoms, Rheumatism and Gout have frequently been confounded with each other; they are however specifically distinct, and it may not be improper to designate the most material points wherein they differ.

Rheumatism is less confined to the feet than Gout, and is more liable to shift its place:—

Rheumatic pains are not so shooting as those of Gout.—

Rheumatism principally affects the larger joints, as the knee, hip &c. whereas Gout attacks the

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the smaller ones. — Rheumatism is not hereditary Gout is —

Rheumatism is not preceded by affections of the stomach, or other viscera, as Gout is. —

Rheumatism is not, like Gout, disposed to return at stated intervals. —

The British Physicians say that women are most subject to Rheumatism; men, to Gout. —

Rheumatism may occur at any period of life, but Gout is usually confined to adults. —

In Rheumatism, the deposition of calcareous matter in the joints so frequently observed in Gout, are never discovered. —

Other particulars in which the two diseases vary might be mentioned, but those already enumerated, will enable us to form a diagnosis between them. —

Rheumatism is found to prevail most in marsh

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soil, and Dr Barton has remarked, that it is extremely common in some Calcareous Counties in Virginia.—

The Remote Causes are various. It is most frequently occasioned by the application of cold to one part of the body, whilst the others are kept warm. Dampness, from wearing wet garments, or getting the feet wet, oftentimes produces it.—

Cullen says Rheumatism proceeds from Marsh Miasmata, and of this there can be no doubt, as in many instances we perceive it putting on the Intermittent form.

Mechanical matters of various kinds may give rise to it, and to these its frequency among Painters, Potters and Gilders may be ascribed.—

In some particular cases it has been attributed to the Fumes of Arsenic.—

Dr Barton related the case of a young Gentleman

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inflammation it originated from the sudden suppression of the joints as the same constitutional irritation, some medicine which was of a cathartic was injected and appeared nothing until the discharge was restored, when the inflammation disappeared.

It may arise from the suppression of Hemorrhages of any kind, and from the healing up of Ulcers and some cutaneous affections, as the Itch.

The Predisposing Causes are cold, a variable climate — the age of puberty and the decline of life — excessive evacuations. Spring and Autumn. — great muscular irritation.

The Symptoms are — Pains of the joints — These are generally confined to the joint alone, but sometimes affect the muscles in their passage from one joint to another. The larger joints, as the knee, hip and shoulder, are most liable

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to the seat of the disease. The pain are mostly felt in particular parts before any febrile symptoms appear, and when they are afterwards diffused the disease is ushered in by a cold fit, the pain is immediately succeeded by the other symptoms. -

When there is little or no fever the pain is commonly confined to one joint, but if it be considerable, several may be affected at the same time. -

The pains do not commonly remain long in one joint, but shift to others, and occasionally return again to parts from which they had been translated. -

The exacerbations of the fever takes place during the night observing an intermittent or remittent form and terminating this period that the pains generally shift. -

after the joints have been affected for some time, they sometimes become red and painful to the touch.
It seems as mostly without or with very slight swelling but not always without some.
In secondary cases it commonly does in the commencement of the disease, but it is seldom very apparent as does it often from victim —
The pulse is full, hard and frequent. The urine is high-colored, and in the early stages of the disease, without sediment; but as it progresses it deposits the lateritious sediment.
The blood drawn from a vein exhibits the inflammatory crust.
Sciatic rheumatism differs from most of the rheumatisms in scarcely ever terminating in suppuration, but effusions of a serous fluid are sometimes made into the sheaths of the tendons.
These tumours should not be opened but left

for the absorbent of, and to remove, extensive inflammatory deposits which are extremely difficult to treat.

It is true some chronic inflammation generally continues for fourteen or fifteen days. Though in some cases even longer. The best management it may continue for some weeks.

Inflammation of the Intermittent kind, though the easiest to cure, with proper care is frequently of the longest duration, sometimes remaining even for years.

It is seldom a dangerous disease, and it sometimes attacks the heart when it is most fatal.

Mr Dundas had nine patients thus affected, of whom seven died.

In dissection of persons who have died of this disease, effusions are at times found within the cranium, or the vital cavities of some of the

venæ sectionem, in some of the above mentioned cases. Mr Hunter, the best authority, and of a certain order. In the joints, thickening of the membranes, adhesions and gelatinous effusions are discovered.

Respecting the effusion & thickening of the synovial membrane I shall say nothing according to Mr Bentley it is the same as that of any other inflammation, depending upon an increased afflux of blood to a part, whilst it is exposed to the action of cold.

Cure of Acute Rheumatism

In the acute treatment, the usual antiphlogistic or inflammation must be vigorously, prescribed

Venæsection from the inflammatory nature of the disease it must be obvious, that this is one of the most important remedies, the blood

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must be drawn away, in proportion
to the bending repeated weakness of the
pulse and the state of the symptoms may
demand. We must, however, at the same
time, be careful not to carry it to such an
extent as to induce debility, and thereby,
incur the danger of bringing on the last
mentioned state.

The cow should not be treated to it every
trouble it is one of the most serious and
dangerous.

It is of great service in Intermittent cases
and in that species resulting from inflam-
the orifice made into the vein should be
large, that the blood may be evacuated
in as short a space of time as possible.
Topical bleeding by cupping or leeching is
oftentimes beneficial to lessen the pain of

in joints & muscles, and is very painful. But it seldom effects a cure, and is very liable to shift the pain.

Purging is of great importance in lessening the inflammatory state of the system. Those Cathartics which produce the least general irritation, are to be preferred. Castor oil, however, when the pain is shooting & blood-letting, and when the disease is vehement and extensive, their exhibition is attended with considerable inconvenience, on account of the pain the patient experiences in going to stool.

In some particular cases there exists a remarkable excitement of the arterial system, at the same time, the patient is much reduced, and labours under many of the symptoms of Chronic Rheumatism. For the remo-

vas. This excitement, Venesection has been found inadequate, and it has certainly come under my continual notice, with the other

Diaphoretics are medicines of considerable efficacy in Rheumatism. In very acute cases they are improper, and should not be administered until the inflammatory symptoms have been relieved by depletion.

During their exhibition, the general rules laid down for conducting sweating should be attended to. Then of a mild nature and in low or chronic Rheumatism, use the vapor bath. The Dover Powder is most strongly recommended, but to obtain any benefit from it, it is necessary to continue its employment for some time, and to keep up a constant perspiration with it for at least twenty four hours, and as some direct, for a much longer

period. This is said to have been administered in many cases. It should be given sparingly, lest bodily inconvenience as in burning stomachs will occur. It is likewise combined with Ind. & mag. Fermd. water, and some times with digitalis.

Digitalis has not been much employed, and from its cost in quantity it may not be in the system, we might suppose a priori. But it would be of great importance in the moderation of inflammatory action.

Dr Barton has given it, in doses, with much advantage, either alone or in union with others, enabling a reduction of the frequency and fullness of the pulse, as well as of the symptoms generally. Potassa are not deemed by its medicining some degree of nausea. Yet, notwithstanding, as its opera-

tion cannot be at all times uniformly obtained and as the homœopathic remedies are prefered in the commencement of the disease, I think it should never be substituted for its savings.

Emetics, if the stomach be in a good state, may be administered with much benefit. They are found most useful in the Rheumatism of an Intermittent form.

Mercurials are exhibited with a view to excite Ptyalism and purging. In many cases of acute Rheumatism, a salivation is succeeded by the happiest effects, and in those of a syphilitic nature, Mercury is always an indispensable remedy.

The **Preparations of Arsenic** a diversity of opinion is entertained of their virtues in Rheumatism. By some, their efficacy is maintained; by others it is denied. Dr Barton says, that in

many cases arsenic remains, unique, and that it succeeds best in those of the most recent nature. Even remote, but if it fails in any, upon its administration, relapses take place and there is no hope. If it succeeds, which all the medicines tried. "Sir, Dawson's language of enthusiasm and numerous testimonials made of arsenic in this disease demonstrated fully, that it is at best a precarious, and too frequently a dangerous medicine in this disease.

Whenever it is of no service, its good effects are evinced in a short time.

Quinian Bark: a specific in the inflammatory stage. It is especially adapted to the intermittent form and should be given during the intermission.

Buster

Blisters and Rubefacients, in my own case, when the pains are severe and not permanently fixed, have been injurious & injurious, in as much as they tend to produce a translation of pain to other parts: but after debilitation has been premised, and the pains are confined to particular joints, they are high in requisition.

Embrocations to the inflamed joints may be made with safety and advantage. The Russian Physicians are in the habit of using snow or pounded ice — Cloths dipped in cold water or Sac: Sat: answer every purpose. —

I shall now treat of the Chronic Rheumatism. —

In drawing a line of distinction between the acute and chronic stages, I shall make use

In passing from Italy, from the same or still milder climate, when at the same time they are attended with some degree of fever and with some swelling, and of pain with some redness of the joints, the disease is to be considered as partaking of the nature of the acute rheumatism. But when there is no degree of fever remaining, when the pain and joints are without redness, when they are cold and stiff, when they cannot be easily made to sweat, or when while a free and warm sweat is brought out on the rest of the body it is common and cold on the pained joints and when, despite all, the pain of the joints is increased by cold and relieved by heat applied to them, then can it be considered as strictly chronic rheumatism." The difference between

[illegible] then very accurately continued with the condition of convalescence. Cullen says that in Chronic Rheumatism there is no pyrexia, but frequently perhaps a remittance of febrile action remaining, for some time after the general characteristic symptoms of the chronic stage have supervened. Dr Barton proposed an amendment of this part of his definition which, to me, appears extremely judicious, viz to substitute in the place of Cullen, the term used by Dr Barton, that of subacute pyrexia. Dr Rush also had an intermediate grade between the two forms, as his division of the disease into Rheumatismus, Rheumaticus, and Rheumatalgia, implied.

The acute form is generally [illegible] than the chronic.

Some rheumatism may be said in any joint but it is more particularly confined to those bones which are connected with a number of muscles and integuments as the thigh, arm and the backbone.

In Acute or Chronic Rheumatism

the general indication is to abate the violence of the vital principle in the system and to internal and external remedies.

In Chronic Rheumatism Guaiacum may be combined with the antimonial advantage. They are sometimes made before the disease has attained the chronic form.

In Gout indeed is superseded the other preparations. The best mode of employing it is to give a large dose of it every the bottom of giving to half-ʒss or even ʒj at the same time using some diluent drink, as linseed tea &c.

a few days. Quinine may be given in such cases in combination.

The Balsams are most active to Quinine in this form of fever.

In Cholera, Rhubarb has been administered with British physicians in the East Indies. In this country both the disease is always of a inflammatory nature to which the irritability of the Vessels & Bowels has been premised. In this disease it seems most active to the Quinine, but is superior to it. It may be combined with the Quinine, or some Ship is expensive it may be given even to the amount of ℥ij or ℥j per day.

In particular cases of Chronic Pneumonia the Stavin has been exhibited with the greatest success. The discrimination of those forms of Pneumonia, which resist its use, demands

considerable attention. When the surface of the body is cool with a commencing cold, there is a chilly or painful sensation, accompanied by an almost entire loss of sensation, attended with acute lancinating pain. The disease has been given with the most satisfactory effect. It's primary action is that of a stimulant; it invigorates the force of the circulation, diminishes the pain, and excites perspiration. It's morbid tendency to be a cumulative medicine in syphilitic diseases, and in rheumatism complicated with gout.

It should be given in doses of 10 or 15 gr. and increased in a ratio, till its effects are fully developed.

Professor Chapman has employed the Iodine extensively in scrofulous, and in private practice, and does not hesitate to

Dionæa is superior to all other medicines in Chronic Pneumonia.

Cantharides, in substance and in Tincture, have been advantageously employed.

Unbaised Mustard-seed, in doses of a table spoonful, have been found serviceable.

The Preparations of Iron have been resorted to, but little benefit is derived from them unless their exhibition is continued for a length of time.

Turpentine has been recommended by some Physicians.

If any febrile action should remain, bleeding will be beneficial and through the whole course of the disease, costiveness should always be obviated.

When the symptoms continue refractory, and the various medicines resorted have proved

sufficient advantage has been derived from a slight salivation, but it appears to be managed with the greatest caution.

If the symptoms be severe and the pains severe, Opiates may be given to procure rest.

The Hydrolica Decoctum, according to Dr Burton, has been administered with good effect in those cases where Guaiacum is ineffectual. In syphilitic Rheumatism likewise, in combination with mercury, its virtues have been considerable.

In some syphilitic cases of a chronic nature benefit has resulted from the employment of Fluids in combination with the mercurial preparations. It often happens, indeed, a determination to the surface.

Among the External remedies for Chronic Rheumatism Blisters, and other stimulating

abscesses are entitled to our attention. In Blisters should be kept frequently wetted as the irritation caused by them continues by some stimulant ointment, as the Ung. Sabini, or of Cantharides.

According to Dr Thomas it will be found more useful in certain cases when the affected joints are surrounded with large muscles, to place the blister at some distance from the diseased parts than to lay it immediately on them.

The patient should be clothed in flannel, and flannel should be substituted for linen or muslin ones.

Cold water, by ablution, or the old practice of immersion, is highly recommended by some physicians. The Warm Bath, or the Vapour of warm water, directed to the part, has frequently proved use

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ful. It diminishes the pain, and relaxes the rigidity of the muscular fibres. –
Friction of the parts with flannel or the flesh brush should always be enjoined. –
Exercise of the part, or of the whole body, in any moderate manner, is of service. –
The Diet should be cordial and nutritious – and the patient may drink Wine whey – or Barley water in which Chrystals of Tartar have been dissolved.
In cases where a great degree of muscular contraction occurs, and the joints are in danger of becoming permanently flexed, to obviate the inconvenience resulting from a bent limb, and to prevent deformity, Dr Balfour, of Edinburgh, has advised the application of a splint to the diseased part, so as to keep it in a state of extension. –
With this, Gentlemen, I conclude my subject, and am fully sensible that many apologies are necessa-

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ry for the imperfect manner in which it has been treated. There are many remedies, highly recommended, which I have been compelled to omit for want of room: I have, however, endeavoured to select those, which appeared to me particularly useful in the management of the disease; but if, in this selection, I have err'd, or have shewn myself deficient in perspicuity of language and arrangement, I trust that you will attribute my mistakes to inexperience and want of knowledge, rather than to obstinacy and prejudice.